

<b>USTB Reviewer Signature</b> _____	<b>AI #</b> _____
<b>Claim Reviewer Signature</b> _____	
<b>REIMBURSEMENT WORKSHEET</b>	
<b>FINAL SITE INVESTIGATION for a FACILITY</b>	
<b>(1) Mobilization and Demobilization of Oversight Personnel to the Regulated Facility.</b>	
_____ miles x \$1.75 = \$0.00 Personnel oversight (round trip)	
5 miles x 0 = \$0.00 additional mileage	<b>\$0.00</b>
The one way mileage from the contractors office to the facility is _____ miles.	
<b>(2) Per Diem</b>	
_____ day x \$110.00 = \$0.00	<b>\$0.00</b>
<b>(3) Pump Test</b>	
_____ test x \$1,720.00 = \$0.00 8/hr test	
_____ test x \$2,040.00 = \$0.00 12/hr test	
_____ test x \$3,000.00 = \$0.00 24/hr test	<b>\$0.00</b>
<b>(4) Slug Test</b>	
_____ wells x \$500.00 = \$0.00	<b>\$0.00</b>
<b>(5) Water Sampling</b>	
_____ point x \$90.00 = \$0.00	<b>\$0.00</b>
<b>(6) Laboratory Analysis</b>	
BTEX (MTBE included) _____ x \$75.00 = \$0.00	
MTBE (drinking water only) _____ x \$75.00 = \$0.00	
PAH _____ x \$207.00 = \$0.00	
Lead _____ x \$45.00 = \$0.00	
Sludge and Cleaning Liquid Samples	
Metals _____ x \$280.00 = \$0.00	
Volatiles _____ x \$335.00 = \$0.00	
Acid/base/neutrals _____ x \$430.00 = \$0.00	
Pesticides and Herbicides _____ x \$330.00 = \$0.00	
Ignitability _____ x \$50.00 = \$0.00	
Paint Filter Test _____ x \$43.00 = \$0.00	
Ph _____ x \$35.00 = \$0.00	<b>\$0.00</b>
<b>(7) Reporting</b>	
Final SIR - Soil Only _____ x \$2,937.00 = \$0.00	
Final SIR - Groundwater Only _____ x \$3,641.00 = \$0.00	
Final SIR - Soil & Groundwater _____ x \$4,345.00 = \$0.00	<b>\$0.00</b>
<b>TOTAL ENTRY LEVEL</b>	
<b>\$0.00</b>	

<b>USTB Reviewer Signature</b> _____	<b>AI #</b> _____
<b>Claim Reviewer Signature</b> _____	
<b>REIMBURSEMENT WORKSHEET</b>	
<b>FINAL SITE INVESTIGATION for a FACILITY</b>	
<b>CERTIFICATION</b>	
(1) _____	
Name of Owner/Operator	
(2) _____	
Mailing Address	
(3) _____	
City	State                      Zip
(4) _____	
Name of Contact Person	Telephone Number
<p>I certify under penalty of law that this documents and all attachments were prepared under my direction or supervision, that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information I certify that the submitted information is true, accurate and complete. I certify that all costs are necessary and were actually incurred in the performance of corrective action. I further certify that, if not the owner or operator, I am authorized by the owner or operator as an agent to make this certification, or I am the person certified under 401 KAR 42:314 and 42:316 and my (our) certification is in good standing.</p>	
(5) _____	(7) _____
Applicant Signature                      Date	Certified Contractor Signature                      CC #
(6) _____	(8) _____
Title of Applicant/Authorized Representative	Certified Company Rep. Signature      Certified Co. #
<b>FOR STAFF USE ONLY</b>	
Amount of Entry Level Amount Met: Yes/No	Claim Request #: _____
Total Amount Obligated:	_____
Total Amount Paid:	_____
Recommended to be Reimbursed:	_____
Staff: _____	
Branch Manager: _____	